



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY

X ADDITIONAL PAGES

TROOP / UNIT: A		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, CT D.O.C	
DATE: 06/09/05	TIME: 1104 hrs	INVESTIGATING TROOPER / OFFICER: TPR. D'Urva #410	DPS CASE NUMBER: DPS-05-028118
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 50 Nunnauk Rd. Newtown CT Garner C.C.			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION CSP-A Trooper D'Urva is investigating an Assault that took place at Garner C.C. where 3 D.O.C. employees were assaulted by Charles Redshirt an inmate in A Block. The employees were checking on Redshirt who was detained for an assault that took place yesterday at Garner. All 3 employees were treated and released from the hospital for minor injuries.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Raymond Migliaro	ADDRESS: (TOWN/CITY&STATE ONLY) 17 Forest Dr. Wolcott CT		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: INJURED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Robert Farmer	ADDRESS: (TOWN/CITY&STATE ONLY) 50 Nunnauk Rd. Newtown		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: INJURED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Jason Calderon	ADDRESS: (TOWN/CITY&STATE ONLY) 50 Nunnauk Rd. Newtown		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: INJURED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Charles Redshirt	DOB: 5-13-83	ADDRESS: 50 Nunnauk Rd. Newtown	
CHARGES: 1. under investigation 2. 3. 4.	COURT: GA: 3 TOWN: Danbury DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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SUPERVISOR'S APPROVAL REQUIRED: INITIALS: [Signature] ID #: 171 DATE: 6/9/05			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			



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LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION 2092			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input checked="" type="checkbox"/> M <input type="checkbox"/> F David Ping		ADDRESS: (TOWN/CITY&STATE ONLY) 50 Nunnquak Rd. Newtown	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS:	
CHARGES: 1. 2.		COURT: GA: TOWN: DATE:	
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